| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000                |   |   |               |                               |                              |                  |                    |                      |                        |       | 323                        | 903<br>3               |
|---|---|---|---------------|-------------------------------|------------------------------|------------------|--------------------|----------------------|------------------------|-------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |               |                               |                              |                  |                    | SMALL ENTITY TYPE OR |                        |       | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS  |   |   | 18            |                               |                              |                  |                    | RATE                 | FEE                    |       | RATE                       | FEE                    |
| FOR   |   |   | NUMBER FILED  |                               | NUMBER EXTRA                 |                  |                    | BASIC FEE            | 355.00                 | OR    | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | \ Q minus 20= |                               | •                            |                  |                    | X\$ 9=               |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |   |   | 2 minus 3 =   |                               | •                            |                  |                    | X40=                 |                        | OR    | X80=                       |                        |
| MUI   | TIPLE DEPENI  | DENT CLAIM PE                             | RESENT        |                               |                              |                  |                    | +135=                |                        | OR    | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |               |                               |                              |                  |                    | TOTAL                |                        | OR    | TOTAL                      | 710                    |
| SASHE CLAIMS AS AMENDED - PART II   |   |   |               |                               |                              |                  |                    |                      |                        | ,     | OTHER                      |                        |
| Q H 05 (Column 1) (Column 2) (Column 3)   |   |   |               |                               |                              |                  | <b>.</b>           | SMALL                |                        | OR    | SMALL                      |                        |
| ENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA | <u> </u>           | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A   | Total   | . 18                                      | Minus         | ·· 2                          | 0                            | = /              |                    | X\$ 9= ॄ             |                        | OR    | X\$18=                     |                        |
|   | Independent   | · '2)                                     | Minus         | 3                             | <u>3</u>                     | = /              |                    | X40=                 |                        | OR    | X80=                       |                        |
|   | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP   | ENDEN                         | CLAIM                        | /                | J                  | +135=                |                        | OR    | +270=                      |                        |
|   |   |   |               |                               |                              | /                |                    | TOTAL<br>ADDIT. FEE  |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)                                |               | (Colu                         | mn 2)                        | (Column 3        | )_                 | ADDII. FEE           |                        |       | ADDII. 1 CC                |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREVI                         | BER                          | PRESENT<br>EXTRA |                    | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus         | **                            |                              | =                | ֡֡֡֡֞֞֞֡֡֡֡֡֡֡֡֡֡֡ | X\$ 9=               |                        | OR    | X\$18=                     |                        |
|   | Independent   | •   | Minus         | ***                           | r ou Allia                   | <u> -</u>        |                    | X40=                 |                        | OR    | X80=                       |                        |
|   | FIRST PRESE   | NTATION OF M                              | JETIPLE DEP   | ENDEN                         | CLAIM                        |                  | ل                  | +135=                |                        | OR    | +270=                      |                        |
| TOTAL ADDIT. FEE  |   |   |               |                               |                              |                  |                    |                      |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|   |   | (Column 1)                                |               |                               | mn 2)                        | (Column 3        | ኒ                  | ·                    |                        |       |                            |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                  | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                    | RATE                 | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus         | ••                            |                              | = .              |                    | X\$ 9=               |                        | OR    | X\$18=                     |                        |
|   | Independent   | •   | Minus         | ***                           |                              | <u> -</u>        | 4                  | X40=                 |                        | OR    | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                               |                              |                  |                    | +135=                |                        | OR    | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |               |                               |                              |                  |                    |                      |                        | TOTAL |                            |                        |
|   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |   |               |                               |                              |                  |                    |                      |                        |       |                            |                        |

Application or Docket Number